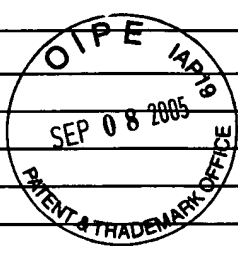


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/808,722
		Filing Date	March 14, 2001
		First Named Inventor	BENNETT ET AL.
		Examiner Name	RUDY, ANDREW J.
		Art Unit	3627
TOTAL AMOUNT OF PAYMENT (\$) 620.00		Attorney Docket No.	OOB012



METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

-20 or HP _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

-3 or HP _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


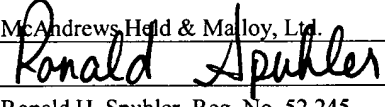
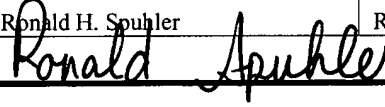
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Petition For Two Month Extension Of Time</u>	225.00
<u>Request For Continued Examination Under 37 CFR \$1.114</u>	395.00

SUBMITTED BY

Signature	<u>Ronald Spuhler</u>	Registration No. (Attorney/Agent)	<u>52,245</u>	Telephone	<u>(312)775-8000</u>
Name (print/type)	<u>Ronald H. Spuhler</u>			Date	<u>09/06/2005</u>

		Application Number		09/808,722			
		Filing Date		March 14, 2001			
		First Named Inventor		BENNETT ET AL.			
		Art Unit		3627			
		Examiner Name		RUDY, ANDREW J.			
Total Number of Pages in This Submission		15		Attorney Docket Number		OOB012	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request For Continued Examination Under 37 CFR §1.114 and Response To Office Action <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		McAndrews Held & Malloy, Ltd.					
Signature							
Printed Name		Ronald H. Spuhler, Reg. No. 52,245					
Date		September 6, 2005					
CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 09/06/2005.							
Name (Print/type)		Ronald H. Spuhler		Registration No. (Attorney/Agent)		52,245	
Signature						Date	
						09/06/2005	